

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/25/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 17E627	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/25/2016
NAME OF PROVIDER OR SUPPLIER HODGEMAN COUNTY HEALTH CENTER LTCU			STREET ADDRESS, CITY, STATE, ZIP CODE 809 BRAMLEY PO BOX 310 JETMORE, KS 67854	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 225 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and</p>	F 225		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 225	<p>Continued From page 1</p> <p>certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: The facility had a census of 25 residents, with 3 residents selected for sample. Based on observation, interview and record review, the facility failed to immediately report one allegation of misappropriation of resident property (loss of \$40 cash from a resident #3's room) to the State survey and certification agency, failed to thoroughly investigate the allegation, and failed to submit the results of an investigation to the State survey and certification agency within 5 working days.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Resident #3's medical record included a 5/25/16 Quarterly MDS (Minimum Data Set) which identified the resident with moderate cognitive impairment (Brief Interview for Mental Status score of 11). <p>During observation and interview on 8/22/16 at 11:30 a.m., resident #3 had no obvious cognitive impairment and had the ability to verbalize his/her needs. The resident reported a loss of two twenty dollar bills (total of \$40) from his/her wallet within the past 3-4 weeks. According to the resident, he/she had the money in a wallet in order to pay the hairdresser for a haircut and then "it disappeared over night." Resident #1 recalled he/she notified the charge nurse of the loss immediately but "nothing ever came of it" and the</p>	F 225			

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F 225	<p>Continued From page 2</p> <p>resident never recovered the \$40.</p> <p>During an interview on 8/22/16 at 1:05 p.m., Social Services Staff B confirmed resident #3 lost \$40 cash from his/her room approximately one month earlier. According to Staff B, he/she counted the money in the wallet for resident #3 one day and it contained two twenty dollar bills, a five dollar bill and three one dollar bills for a total of \$48. The next day, Social Services Staff B reported he/she went back to the resident's room to get the money from the resident's wallet to pay the hairdresser, per the resident's request, and the wallet contained only a five dollar bill and the three one dollar bills. The resident told Staff B he/she did not spend the money and someone else removed the money from the wallet without his/her knowledge. Social Services Staff B reported he/she immediately told the charge nurse and the Administrator of the loss of money. Staff B denied he/she participated in an investigation into the loss of the money other than when staff searched the entire room in an attempt to locate it. Staff did not locate the money.</p> <p>During an interview on 8/22/16 at 1:36 p.m., Risk Management Staff C reported knowledge of resident #3's missing money. According to Staff C, he/she lacked knowledge of the need to report the loss of money to the State survey and certification agency and to local law enforcement, and therefore he/she did not report it.</p> <p>During an interview on 8/22/16 at 1:50 p.m., Administrative Staff D confirmed knowledge of resident #3's loss of \$40 from a wallet in his/her room. According to Staff D, he/she failed to notify the State survey and certification agency and local law enforcement of the loss. Administrative</p>	F 225			

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F 225	<p>Continued From page 3</p> <p>Staff D also reported an understanding that Social Services Staff B completed interviews with staff about the loss.</p> <p>During an interview on 8/22/16 at 2:00 p.m., Social Services Staff B again reported he/she did not complete any interviews or other investigation into the incident.</p> <p>In response to a request for investigational documents related to resident #3's loss of \$40 cash within the past month, provided a document which noted the loss of money and the facility's lack of liability for the loss. The investigation lacked resident or staff interviews and lacked evidence the facility attempted to locate the person responsible for the loss.</p> <p>The facility's undated "Abuse, Neglect, Misappropriation of Property" policy defined misappropriation of resident property as "misuse or theft of patient/resident, employee or facility property. The deliberate misplacement, exploitation, or wrongful or permanent use of a resident's belongings without their consent." According to the policy, "Local law enforcement will be notified also when there is an allegation of abuse or theft." The policy directed staff to report incidents to the State survey and certification agency, complete an investigation and report the results of the investigation to the State survey and certification agency within 5 working days.</p> <p>The facility failed to immediately report one allegation of misappropriation of resident property (loss of \$40 cash from a resident #3's room) to the State survey and certification agency, failed to thoroughly investigate the allegation, and failed to submit the results of an investigation to the State</p>	F 225			

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F 225	Continued From page 4 survey and certification agency within 5 working days.	F 225			